

**SCDNR FRESHWATER FISHERIES INTERN PROGRAM APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Home Town: \_\_\_\_\_

Valid driver's license? \_\_\_\_ Yes \_\_\_\_ No If yes, Drivers License # and State of Issue: \_\_\_\_\_

Name of Educational Institution: \_\_\_\_\_ Major: \_\_\_\_\_

How many credit hours have you completed in your major area of study? \_\_\_\_\_

Cumulative GPA? \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

My primary area of interest is: Regional Fisheries Management \_\_\_\_\_ Fish Propagation \_\_\_\_\_

Research \_\_\_\_\_ Nongame Species Mgt. \_\_\_\_\_ No Preference \_\_\_\_\_

I am willing to work in:

\_\_\_\_\_ Columbia \_\_\_\_\_ Clemson \_\_\_\_\_ Florence \_\_\_\_\_ Bonneau \_\_\_\_\_ Cheraw

\_\_\_\_\_ Walhalla \_\_\_\_\_ Other (Specify) \_\_\_\_\_

\_\_\_\_\_ No Preference

\_\_\_\_\_  
Academic Advisor Signature

\_\_\_\_\_  
Date

Please provide two references who are not relatives and a current resume not to exceed two pages.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

Send resume and transcript to: Lynn Quattro  
SCDNR  
P. O. Box 167  
Columbia, SC 29202  
QuattroL@dnr.sc.gov

**Electronic submissions are preferred**  
**Deadline for submission is Oct. 29, 2021**